



Aeroplane CR/TR Renewal Refresher Training Details

Applicant's licence number:

Applicant last name: _____ first name: _____ date of birth: _____

place of birth: _____ place of origin: _____ nationality: _____

private address: postal code: _____ city: _____ street: _____

phone/fax home: _____ phone/fax office: _____

e-mail: _____

Employed as pilot by (AOC holder/ operator): _____

Class/Type Rating to be renewed:		expired on:	
Last flight as Pilot Flying on class/type:		date:	
IR to be renewed:	<input type="checkbox"/> N/A	<input type="checkbox"/> no	<input type="checkbox"/> yes
Last flight under IFR:		date:	

		Single Pilot (SPA under SPO)				Multi Pilot (MPA or SPA under MPO)				
		PIC	Dual	IFR	flights	PIC	COPI	Dual	IFR	flights
On class/type	During the last 12 months:									
	During the last 3 years:									
	Total Experience:									
Other class/type during the last 12 months:										
Total experience										

I declare that the information provided on this form is correct

location: _____ date: _____ signature of applicant: _____



Applicant's licence number:

ATO name:

registration number:

address: postal code:

city:

street:

phone/fax:

e-mail:

ATO Assessment of the candidate

Interview and logbook assessment	<input type="checkbox"/>	no	<input type="checkbox"/>	yes	date:
Theoretical knowledge evaluation	<input type="checkbox"/>	no	<input type="checkbox"/>	yes	date:
Evaluation in a FSTD	<input type="checkbox"/>	no	<input type="checkbox"/>	yes	date:
Evaluation in flight	<input type="checkbox"/>	no	<input type="checkbox"/>	yes	date:
<input type="checkbox"/> Refresher training as per FCL740(b)(1)/ FCL.625(c)(1) is not required					
<input type="checkbox"/> Refresher training is required					
Refresher Training Plan:					
HT name:		date:		signature:	

Training Provided

Date started:		date completed:	
Ground training	number of sessions:		total hours:
FSTD training*	number of sessions:		total hours:
Flight training*	number of flights:		total hours:
			landings:

*attach copies of the relevant pages of the logbook

The refresher training according FCL.740(b)(1)/FCL.625(c)(1) has been completed, the candidate is recommended for the proficiency check

HT name: _____ licence number: _____

location & date _____ signature: _____